Effective	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/694,643			
FEE TRANSMITTAL				Filing Date October 27, 2003					
For FY 2009				First Named Inventor   F		Reller, William M.			
				Examiner Name C		Colle	Colleen A. Hoar		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		4172			
TOTAL AMOUNT OF PAYMENT (\$) 723.00				Attorney Doc	ket No.	026296-000310US			
METHOD OF PAYMENT	(check al	I that appl	y)						
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Chargo any additional fools) or undernauments of fee(s)									
under 37 CFR WARNING: Information on this	1.16 and 1	.17		∠ Cr	edit any o			Provide cr	redit card
Information and authorization	n PTO-203	8.							
FEE CALCULATION									
1. BASIC FILING, SEAR							TION CE		
		G FEES nall Entity		RCH FEES Small Entity			TION FE		
Application Type	Fee (\$)	Fee (\$)	Fee	(\$) Fee (\$)	E	ee (\$)	Fee (\$)		Fees Paid (\$)
Utility	330	165	54	270		220	110	_	
Design	220	110	10	50		140	70	_	
Plant	220	110	330	165		170	85	_	
Reissue	330	165	54	0 270		650	325	_	
Provisional	220	110	1	0 0		0	0	_	
2. EXCESS CLAIM FEE:	3								II Entity
Fee Description							Fee (\$)	E	<del>Гее (\$)</del> 26
Each claim over 20 (in Each independent clair	Doisouss)				52 220		110		
Multiple dependent cla				390		195			
Total Claims	ee Paid (\$)			Multipl	e Depend	dent Claims			
							Fee (\$)	E	ee Paid (\$)
HP = highest number of total clai									
Indep. Claims	Extra Clai			e Paid (\$) 110					
HP = highest number of independ		X		110					
		raid for, it give	and man o						
<ol><li>APPLICATION SIZE F If the specification and of</li></ol>	reuvinos	exceed 10	0 sheets of na	ner (excludin	o electro	nically	filed sear	uence or	r computer
listings under 37 CF	R 1.52(e)	), the app	lication size fe	e due is \$270	(\$135 f	or smal	l entity) f	or each	additional 50
sheets or fraction the							• •		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = (round up to a whole number) x									
- 100 =		/ 50 =	·	(round up to	a whole n	umber)	х		=
4. OTHER FEE(S)									Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Request for Continued Examination Fee - \$405.00									

SUBMITTED BY			
Signature	Don't X Hall	Registration No. (Attorney/Agent) 32,233	Telephone 858-350-6100
Name (Print/Type)	David A. Hall		Date January 27, 2010